

Applying for Child Support Services in Vermont

Information You Need to Know Before Applying

The Office of Child Support (OCS) is the state agency responsible for establishing, collecting, enforcing, and modifying child and medical support orders for children. In all related proceedings, OCS represents the state's interests—not the interests of either parent (or guardians).

OCS can help you:

- Establish parentage;
- Establish an order for child and medical support;
- Modify or enforce an existing order for child and medical support;
- Make support payments to the custodial parent; and
- Locate a missing non-custodial parent.

OCS cannot help you:

- Establish or modify parental rights and responsibilities (*custody*);
- Establish or modify parent-child contact (*visitation*); and
- Establish or modify guardianship.

Eligibility For Services

Services are available to custodial and non-custodial parents (and guardians) of children who are under 18 or still in high school. You may also be eligible if you are owed past-due, court-ordered child support (referred to as *arrears*) and the youngest child for whom support is owed is under 24.

Cost Of Services

If you apply to OCS, child support services are free. There is a \$5 monthly fee, however, if a court orders payments be made through OCS and neither party applies for services. *You will be notified in advance if it becomes necessary to charge a fee for other services.*

This information is important. If you need help understanding it, tell us.

Ova informacija je važna. Ako Vam je potrebna pomoć da je razumijete, obavijestite nas. (*Bosnian*)

Ces informations sont importantes. Si vous avez besoin d'aide pour les comprendre, dites-le nous. (*French*)

Iyi n'inkenuzo ngirakamaro. Tubwire, mugihe woba ushaka impfashanyo y'ugusobanukirwa. (*Kirundi*)

Macluumaadkan waa muhiim. Haddii aad u baahan tahay caawimaad ah fahanka macluumaadka, noo sheeg. (*Somali*)

Esta información es importante. Si usted necesita ayuda para comprenderla, infórmenos. (*Spanish*)

Maelezo haya ni muhimu. Ikiwa unahitaji msaada wa kuyafahamu, tueleze. (*Swahili*)

Đây là thông tin quan trọng. Nếu quý vị cần trợ giúp để hiểu thông tin này, hay cho chúng tôi biết. (*Vietnamese*)



KEEP THIS PAGE FOR YOUR RECORDS.

What You Can Expect From OCS

Within a few days of receiving your application, OCS will assign a caseworker to your case and notify the other party of our involvement. Your caseworker should, at minimum, conduct periodic reviews, contact other agencies for updates when necessary, and notify you of any major developments. He or she will devote as much time to your case as possible; however, caseworkers typically oversee hundreds of cases and have limited time to devote to each individual case.

OCS will provide all services deemed appropriate. You are expected to cooperate with OCS. This includes, but is not limited to, returning calls, providing documents as requested, and informing us about changes in your contact information.

Instructions for Completing the OCS Application

Read these instructions carefully before you begin. Call 1-800-786-3214 if you have any questions or want an additional copy of the application mailed to you. You can also download the application from our website at <http://dcf.vermont.gov/ocs>.

☐ You may have to complete more than one application.

- If you are seeking support from more than one non-custodial parent, you must complete and file a separate application for each one.
- If you are paying support to more than one custodial parent, you must complete and file a separate application for each one.
- If you are a guardian seeking support from both parents, you must complete and file a separate application for each one.

☐ Complete all lightly shaded areas in the application.

These fields are required to process your application. If the shaded areas are not completed, your application(s) will be returned.

☐ Complete the application using a pen.

Please print clearly.

☐ Complete, sign, and attach the Authorization for Electronic Payment (see #6).

This is required by law.

☐ Sign the Agreement and Authorization for Receipt of Child Support Services (see #11).

This is required to process your application.

☐ Sign the Arrears Affidavit if you are owed arrears (see Attachment One).

Your signature is required to proceed.

☐ Gather copies of all required documents.

See the checklist on the back page.

****Completion of all lightly shaded areas and signature on page 6 of the form are required to process your application.****

Application for Child Support Services

Person Submitting this Application: ☐ Custodial Parent ☐ Non-Custodial Parent ☐ Guardian

1. Custodial Parent/Guardian

| | | | |
|--|---|-----------------------|------------------------------|
| Last Name | | First Name | Middle Initial / Maiden Name |
| Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) | | City/Town & State | Zip Code |
| Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) | | City/Town & State | Zip Code |
| Social Security Number | Date of Birth (mm/dd/yyyy) | Phone No. (area code) | Email Address |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Custodial Parent's Relationship to Child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please explain) _____ | | |
| Did you ever receive child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where? (City and State) | When? | Case or ID Number |
| Did you ever get public assistance or Medicaid in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where? (City and State) | When? | Case or ID Number |
| Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) | | Phone No. (area code) | Dates of Employment |

2. Children You Are Seeking / Paying Support For (use more sheets if needed)

| Name | Social Security # | Date & Place of Birth | State Where Conceived | Parents married at time of birth? | Living with you? | Paternity established? |
|------|-------------------|-----------------------|-----------------------|--|--|---|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No |

* Means a Voluntary Acknowledgment of Parentage form has been signed, witnessed, and filed in the child's state of birth.

3. Non-Custodial Parent

| | | | | | |
|--|--------|----------------------------|------------|-------------------------------|---------------|
| Last Name | | First Name | | Middle Initial or Maiden Name | |
| Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) | | City/Town & State | | Zip Code | |
| Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) | | City/Town & State | | Zip Code | |
| Social Security Number | | Date of Birth (mm/dd/yyyy) | | Phone No. (area code) | |
| Email Address | | | | | |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Height | Weight | Hair Color | Eye Color | Scars/Tattoos |
| Non-Custodial Parent's Relationship to the Custodial Parent or Guardian: <input type="checkbox"/> Never married <input type="checkbox"/> Married on _____ <input type="checkbox"/> Divorced on _____ <input type="checkbox"/> Other (explain) _____ | | | | | |
| Non-Custodial Parent's Mother's Maiden Name and Address | | | | | |
| Non-Custodial Parent's Father's Name and Address | | | | | |
| Property Owned and Other Sources of Income (describe nature & location) | | | | | |
| Is there any reason the non-custodial parent cannot pay child support (e.g., is in jail or has a disability)? | | | | | |
| Military Branch & Dates of Service (if applicable) | | | | | |
| Vehicle Make & Model | | Vehicle Year | | Vehicle Color | |
| License Plate Number & State | | | | | |
| Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last known) | | Phone No. (area code) | | Dates of Employment | |

4. Most Recent Child Support Order (If there is no child support order, check this box ☐ and go to #5)

| | | | | |
|---------------|----------------------------|---------------|----------------------------|---|
| Date of Order | City & State Where Entered | Case/Docket # | Weekly Support \$ _____ | Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete the Arrears Affidavit (see attachment one). Amount due: \$ _____ |
|---------------|----------------------------|---------------|----------------------------|---|

5. Health Insurance Information (If you have no health insurance, check this box ☐ and go to #6)

| | | | |
|--|---------------------------|------------------------|---|
| Custodial Parent's Medical Insurance | Type of Coverage | Policy No. | Added Cost for Coverage of Child(ren) \$ _____ per _____ |
| | Name of Insurance Company | Names of Those Covered | |
| Non-Custodial Parent's Medical Insurance | Type of Coverage | Policy No. | Added Cost for Coverage of Child(ren) \$ _____ per _____ |
| | Name of Insurance Company | Names of Those Covered | |

6. Authorization for Electronic Payments

You are required by law to sign up for electronic payments. You may select either:

1. Direct Deposit into one bank account (e.g., either a savings or checking account); OR
 2. A ReliaCard® Prepaid Visa® Card issued by U.S. Bank. It can be used to make purchases, pay bills or get cash everywhere Visa debit cards are accepted. *It is not a credit card. There is no cost. You do not need a bank account to enroll.*
- Once we receive your authorization, it typically takes about 30 days for electronic payments to begin. After they begin, OCS will deposit your child support payments directly into your bank account or on your ReliaCard — usually within 2 business days of receiving a payment.
 - If you select the ReliaCard option, a card will be mailed to the address you provided within 5 - 7 days of processing this application. If you don't make a selection below, you'll be issued a ReliaCard.
 - To find out if a payment has been credited to your bank account with direct deposit, contact your bank. If you get a ReliaCard, sign up for email or text alerts that will notify you when funds have been added to your card. Call the OCS Helpline at 1-800-786-3214 if you want to know when we received your child support payment or to change your electronic payment option.

Your Information

| | | |
|------------------------|----------------------------------|-----------------------------|
| Last Name | First Name & Middle Initial | Email Address |
| Social Security Number | Preferred Phone (with area code) | Secondary Phone (area code) |

Two Convenient Options. Choose one. ☒

| <input type="checkbox"/> | Direct Deposit | <table><tr><th>Bank Name</th><th>ABA Routing/Transit #</th><th>Account #</th><th>Account Type</th></tr><tr><td></td><td></td><td></td><td>Checking <input type="checkbox"/> Savings <input type="checkbox"/></td></tr></table> | Bank Name | ABA Routing/Transit # | Account # | Account Type | | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | |
|--------------------------|---|---|---|--|----------------|--------------|------------------|------|------|--|--|--|
| Bank Name | ABA Routing/Transit # | Account # | Account Type | | | | | | | | | |
| | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> | U.S Bank ReliaCard (some fees may apply) | <table><tr><th>Purchases</th><th>Customer Service</th><th>ATM Withdrawal</th><th>Inactivity</th><th>Card Replacement</th></tr><tr><td>Free</td><td>Free</td><td>U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S Bank, non-MoneyPass or non-SUM ATM may also charge a fee.</td><td>\$2.00 per month for inactivity for 365 consecutive days</td><td>Standard = Free (3-5 days) Emergency = \$15.00 (2 days)</td></tr></table> | Purchases | Customer Service | ATM Withdrawal | Inactivity | Card Replacement | Free | Free | U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S Bank, non-MoneyPass or non-SUM ATM may also charge a fee. | \$2.00 per month for inactivity for 365 consecutive days | Standard = Free (3-5 days) Emergency = \$15.00 (2 days) |
| Purchases | Customer Service | ATM Withdrawal | Inactivity | Card Replacement | | | | | | | | |
| Free | Free | U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S Bank, non-MoneyPass or non-SUM ATM may also charge a fee. | \$2.00 per month for inactivity for 365 consecutive days | Standard = Free (3-5 days) Emergency = \$15.00 (2 days) | | | | | | | | |

Authorization & Signature

I authorize the Office of Child Support (OCS) to make deposits to the account listed above until I cancel this authorization and OCS has time to act on it. This request cancels any other direct deposits I have in place with OCS. If funds are mistakenly deposited into my account, I authorize OCS to deduct the amount in error from my account or from future payments.

**If you select the ReliaCard: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A., Inc. Member FDIC. © U.S. Bank*

Signature: _____ Date: _____

7. Statement of Understanding

I understand that OCS representatives act at all times on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues. This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.

I understand the role of OCS and my continuing right to get my own attorney in connection with this matter. I understand that in addition to the participation of OCS in my case, I may present my own information, testimony, or witnesses in any legal proceedings before the the Family Division of Superior Court.

I understand that by receiving OCS services, I will receive all services deemed appropriate by OCS, many of which are automatic. Services provided by OCS include locating a parent for the purpose of collecting child support; establishing parentage; establishing a child support order; establishing a medical support order; reviewing the amount of child support paid by the non-custodial parent to ensure the amount is consistent with guidelines; modifying a child support order due to a change in income or circumstances of one or both of the parents; collecting child support payments and sending them to the custodial parent; and enforcing a child support order. Other services that may be appropriate include, but are not limited to, certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. (Parties may not receive prior notification of every process OCS undertakes.) It is my responsibility to notify OCS in writing when I no longer want services from OCS.

I understand payments received by the obligee directly (called direct payments) must be turned over to OCS who will issue them to the obligee. I understand that failure to do so may result in the termination of OCS services. I understand if money is sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds, I must return the money. If I do not return the money, I authorize OCS to deduct such payments from future payments until this obligation is satisfied.

I understand OCS is required to submit minimal information about me to a national directory used only by other state child support agencies. However, federal law prohibits the release of information to the national directory for those at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, that there may be delays in my case because some automatic processes may not go forward as usual.

I understand that after I have tried to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS Administrative Review of any decision or action taken by OCS in my child support case. I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit at 103 South Main Street, Waterbury, VT 05671-1901, explaining my complaint and requesting an administrative review. I must include my name, Social Security number, address, daytime phone number, and note whether I want the review conducted in person, over the phone, or by mail.

I understand that if a court order requires the non-custodial parent to provide health insurance for our child(ren), he or she will have access to information maintained by our child(ren)'s insurer (e.g., social security number).

8. Request for Non-Disclosure / Family Violence (If this is not an issue, check this box ☐ and go to #9)

If you feel that releasing your address, phone number, employer, or other location information would put you or your child(ren) at risk of physical or emotional harm, please check the appropriate box(es) below and provide the requested information.

If you meet one of the conditions below, OCS will indicate this on your child support record. This will alert us to your situation, prohibit the release of certain information, and stop us from sharing your information with other states. Most child support enforcement or collection efforts will proceed as usual. However, there could be delays in your case because some automatic processes may not go forward as usual.

Conditions:

- ☐ I am covered by a nondisclosure, protective, or relief-from-abuse order dated _____ in _____ County, State of _____. *Please attach a copy of the order if available.*
- ☐ I was granted good cause for non-cooperation with the child support agency on _____ in _____ County, State of _____. *Please attach the determination if available.*
- ☐ I believe releasing information about me or my child(ren) may result in physical or emotional harm. *Explain on additional sheet.*

List the full name and your relationship to the person from whom the information should be kept:

Full Name _____ Relationship _____

9. Your Rights & Responsibilities as an OCS Customer

You have the right to:

- Full and equal treatment regardless of race, color, national origin, age, sex, sexual orientation, or handicap;
- Confidential treatment of personal information to the extent allowed by law;
- Hire an attorney to represent you or represent yourself without an attorney when participating in any hearings or meetings;
- Appeal any decision made or action taken by OCS;
- Obtain copies of non-confidential documents in your OCS case file; and
- Stop any OCS services initiated solely by you.

You are responsible to:

- Provide all necessary information and cooperate with OCS;
- Keep OCS informed of any changes in your circumstances;
- Notify OCS before making any agreement or taking any action that might affect your child support;
- Ensure all child support payments are sent through OCS;
- Participate in all meetings and hearings concerning your case;
- Keep accurate records of all child support payments as well as copies of all documents related to your case;
- Inform OCS of any family violence issues or concerns; and
- Repay any excess amount received if OCS pays you an amount of child support to which you are not entitled.

10. OCS & Your Privacy

When you receive OCS services, federal and state law requires you to provide OCS with certain information, including Social Security numbers for you and your children. We use this information to establish parentage and establish, modify, and enforce support orders. By receiving OCS services, you authorize the use of these Social Security numbers for the purposes stated above.

OCS is committed to protecting your privacy and keeping information about your case confidential—in compliance with state and federal law. This is also required of all agencies and organizations that work with OCS. You should be aware, however, that:

- Some laws require the sharing of certain information;
- OCS may need to provide certain information to another agency or person working on your case;
- Both parents have access to certain information about each other;
- When a parent is required to provide health insurance for a child, he or she will have access to information maintained by the child's insurer; and
- Once a legal action is filed, all information included in the court filing becomes a matter of public record (unless you can show good cause for excluding your address from the public record).

11. Agreement and Authorization for Receipt of Child Support Services

- I hereby request child support services from the State of Vermont.
- I agree to cooperate with the Office of Child Support and any cooperating agencies or contractors. I authorize them to use all legal means necessary to provide services.
- I certify that all information provided on this application is true and complete to the best of my knowledge.
- On occasion, money may be sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds. OCS will notify me of this and that I have up to seven (7) days to return this money to OCS based on state law. If I do not return it, my signature below indicates my consent for an automatic reduction of child support issued to me, in accordance with state law, until my obligation to repay the mis-directed money is satisfied. I specifically authorize such deductions without further notice to me.
- I understand my application for OCS services means child support payments are required to be made through OCS. I realize those child support payments that are withheld from wages must continue to be made through OCS, even if OCS services are terminated, unless I ask the court to change that portion of the order.

I have read and understand the role of the Office of Child Support staff. I have read and understand my rights and responsibilities as a recipient of OCS services. I have read and understand the Statement of Understanding.

I hereby authorize the Office of Child Support to provide services as noted on this application form.

Signature _____ Date _____

A Caseworker Will Be Assigned To You.

Use this space if you want to send a note to your caseworker (e.g., about the services you are looking for at this time).

Attachment One: Arrears Affidavit

Are you owed past-due child support? ☐ Yes ☐ No

If you are not owed past-due child support, please leave this form blank.

If you *are* owed past-due child support, please:

- Complete this form;
- Sign it in front of a notary public; and
- Return your completed, signed, and notarized form along with this application.

Custodial Parent's Name _____

Social Security Number _____

Non-Custodial Parent's Name _____

Social Security Number _____

Child Support Payment History - Year _____

| Month | Support Due | Amount Paid | Balance |
|-------|-------------|-------------|---------|
| Jan | | | |
| Feb | | | |
| Mar | | | |
| Apr | | | |
| May | | | |
| June | | | |
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| TOTAL | | | |

Child Support Payment History - Year _____

| Month | Support Due | Amount Paid | Balance |
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Child Support Payment History - Year _____

| Month | Support Due | Amount Paid | Balance |
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Child Support Payment History - Year _____

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| Month | Support Due | Amount Paid | Balance |
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| Month | Support Due | Amount Paid | Balance |
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| Month | Support Due | Amount Paid | Balance |
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| Month | Support Due | Amount Paid | Balance |
|-------|-------------|-------------|---------|
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| Dec | | | |
| TOTAL | | | |

| | | |
|--|--|--------------------|
| Sworn to & Signed before me (date, county, state) | Notary Public, Court Agency (official name & title) | Commission Expires |
|--|--|--------------------|

Statement Of Understanding

I understand OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues. This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.

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I understand that if a court order requires the non-custodial parent to provide health insurance for our child(ren), he or she will have access to information maintained by our child(ren)'s insurer (e.g., Social Security number).

Documents Checklist

Signatures

Make sure you have signed:

- ☐ The *Authorization for Electronic Payment* (see #6);
- ☐ The *Agreement and Authorization for Receipt of Child Support Services* (see #11); and
- ☐ The *Arrears Affidavit* if you are owed arrears (see Attachment One).

Attachments

Attach copies of the following documents if applicable:

- ☐ Court orders related to child support;
- ☐ Existing court orders requiring health insurance or other medical support for the child(ren) named in this application;
- ☐ Guardianship order appointing you as legal guardian for the child(ren) named in this application;
- ☐ Birth certificate(s) for child(ren) named in this application;
- ☐ Nondisclosure, protective, or relief-from abuse order; determination of good cause for non-cooperation with a child support agency; or explanation of why you believe releasing information about you or your child(ren) would be harmful; and
- ☐ Completed, signed, and witnessed *Voluntary Acknowledgment of Parentage* form.

Submit Your Application To:

Vermont Office of Child Support
280 State Drive
Waterbury, VT - 05671-1060

Need Help?

1-800-786-3214

<http://dcf.vermont.gov/ocs>